

Secretary of State Eric Clark

Elections Division 401 Mississippi Street Jackson, Mississippi 39205

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Hotline (800) 829-6786

INSTRUCTIONS

You may use this form to:

- Register to vote.
- Change your registration information (i.e., mailing address, name, residence address).

You must:

- Complete all sections of this form
- Sign the form
- Mail or hand deliver this form to your County Circuit Clerk AT LEAST 30 DAYS before the election.

If you are qualified and the information on your form is complete, your County Circuit Clerk will mail a voter registration card that tells you where to vote.

Identification Requirement:

If you do not have a driver's license or social security number, and this form is submitted by mail, and you have never registered to vote in the county you are now registering in, you must send with this application, either:

- a) a copy of current and valid photo identification, or
- b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

If you do not provide the information requested above, you may be required to provide to election officials either (a) or (b) above the first time you vote after January 1, 2004 at a voting place or by absentee ballot.

†Disenfranching Crimes: Under state law, if you have been convicted of committing one of the following crimes your right to vote has been revoked: Arson, Armed Robbery, Bigamy, Bribery, Embezzlement, Extortion, Felony Bad Check, Felony Shoplifting, Forgery, Larceny, Murder, Obtaining Money or Goods under False Pretense, Perjury, Rape, Receiving Stolen Property, Robbery, Theft, Timber Larceny, Unlawful Taking of Motor Vehicle, Statutory Rape, or Carjacking.

MISSISSIPPI VOTER REGISTRATION

Are you a citizen of the United States of America?					NO [
Will you be 18 years of age on or before Election Day?				YES 🗆		
Would you like to serve as Election Day Poll Worker?(optional)				tional) YES	NO [
If you	checked "NO" in r	esponse to questions 1 o	or 2, DO NOT C	OMPLETE THI	s FORM	
Person	al Information:	li .				
				()	
Vame	Last	First	Middle	Maiden	A	
lome /	Residence / 91	1 address		Apt or Lot#		
City		USS AND		ZIP	17	
	D: 1	()	S	6		
ate of	te of Birth Contact Number C			County of Resid	County of Residence	
	rity Number)	4 digits of your Social	Work # (Cell # (Email)		
Previous Address (including out of state)			Previous County			
I swe have incom quest Cons	had my rights r npetent by a co ions on this ap	have never been conv estored as required b urt. Furthermore, I ce plication for registrati nited States and of th	y law. I have no rtify that I have on, and that I wi	t been declared truly answered Il faithfully supp	mentall all ort the	
X Signa	ture (or mark) o	of applicant		Date		
S	ture (or mark) (of applicant		Date		

False registration is a felony. The penalty for conviction of false registration is imprisonment for not more than fie (5) years or a fine of not more than five thousand dollars (\$5,000) or both.